

STAFF TESTIMONY FOR 101 CMR 304.00: RATES FOR COMMUNITY HEALTH CENTERS

Good morning, my name is Marie-France Noel and I am the Community Health Centers, Program Manager for MassHealth. I will be delivering the staff testimony for the amendments to 101 CMR 304.00: Rates for Community Health Centers.

Regulation 101 CMR 304.00 governs rates of payment to community health centers (CHCs), defined as clinics licensed by the Department of Public Health that provide comprehensive ambulatory services, and that are freestanding, i.e., not a financially or physically integral part of a hospital.

The most recent amendments to the regulation, effective January 1, 2022, 1) increased the alternative payment methodology (APM) rates for CHC services; 2) updated the methodology for calculating and making periodic adjustments to the Prospective Payment System (PPS) rate for a) medical and behavioral health services for each CHC that is an FQHC, and b) dental services for each CHC that is an FQHC and provides dental services; and 3) implemented coverage and code updates for certain new services, including by establishing a new service definition for Individual Behavioral Health Visits and a corresponding bundled behavioral health code (T1040). As part of the January 1, 2022 updates, CHCs may bill at a bundled rate, using CPT code T1040, for Individual Behavioral Health Visits. The rate for code T1040 is \$140 per visit.

These changes were intended to ensure continued access to care and enhance compliance with the Medicare, Medicaid, and SCHIP Benefits Improvement and Protection Act of 2000 (BIPA).

Summary of Amendments as Proposed for Change

Individual Behavioral Health Definition

EOHHS proposes to update the definition of the new Individual Behavioral Health Visit, to visits that last for a minimum of 16 minutes, rather than a minimum of 30 minutes. EOHHS is making this change to align with guidance included in common code compliance source documents, including CMS Manual/AMA CPT Codebook, which states that, for codes 90832-90828, providers should:

*choose the code closest to the actual time [of the visit] (i.e. 16-37 minutes for CPT codes **90832** and 90833, 38-52 minutes for CPT codes 90834 and 90836, and 53 or more minutes for CPT codes 90837 and 90838). Do not report psychotherapy of less than 16 minutes duration.]*

The regulatory definition of Individual Behavioral Health Visit and the pricing for the corresponding bundled code, T1040, was developed and based on the definitions and utilization

of seven underlying individual behavioral health service CPT codes, including CPT code 90832. Therefore, adjusting the minimum time requirements for the T1040 bundled payment to reflect a minimum of 16 minutes (instead of 30 minutes) will align the definition with the intent of building and establishing the bundled code to incorporate the appropriate use of the 90832 CPT code. As this is a change to align with industry billing standards, EOHHS is implementing this change for dates of service beginning January 1, 2022 and will clarify this date of service application through subregulatory guidance.

Additional Technical Changes

EOHHS is proposing a technical amendment to the application of change in scope of services PPS adjustments. The proposed amended language will implement such PPS adjustments as of the date of the most recent implementation of a change identified in a CHC's request for a change in scope adjustment, rather than as of the date of request submission. EOHHS does not anticipate any meaningful fiscal impact as a result of this amendment.

EOHHS is proposing one final technical amendment to the description of the CHC dental enhancement fee add-on. The add-on is currently specified in the regulation as a \$91 add-on. This add-on, when added to the \$19 dental enhancement fee in the dental rate regulations (under 101 CMR 314.00: *Rates for Dental Services*), totals \$110 per individual dental visit. EOHHS is proposing to adjust the description of the add-on so that, regardless of the standard dental enhancement fee in the dental rate regulations, the total per individual dental visit payment to CHCs will equal \$110. There is no fiscal impact expected as a result of this amendment.

Fiscal Impact

The aggregate annual fiscal impact of the proposed amendments is estimated at approximately \$500,000, which is entirely attributable to the change in the Individual Behavioral Health Visit definition. This estimate includes the APM claims based payments, as well as any changes necessary to the APM reconciliation wrap payments covering both fee-for-service (FFS) and managed care for dates of service beginning January 1, 2022.

The technical changes described do not have any associated expected fiscal impact.

This concludes my testimony. Thank you.